

URBAN DISTRICT OF GARFORTH



ANNUAL REPORT
1969


MEDICAL OFFICER OF HEALTH AND
CHIEF PUBLIC HEALTH INSPECTOR

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GARFORTH URBAN DISTRICT COUNCIL

Chairman of the Council:

Councillor J. Jewell (*Died 21st August, 1969*)

Councillor P. T. White (*Appointed 17th September, 1969*)

Vice-Chairman :

Councillor Mrs. J. Hepher (*Appointed 17th September, 1969*)

Public Health Committee:

Chairman: Councillor Mrs. J. Hepher

Vice-Chairman: Councillor J. H. Lindley

Councillor P. Cockerham

Councillor N. Cooper

Councillor S. E. Iveson

Councillor S. Leigh

Councillor D. H. Muscroft

Councillor W. A. Shevde

Councillor I. Spencer

County Councillor G. Tinker

Councillor P. Wall

Councillor W. Webster

Councillor E. Wilson

Councillor A. Wright

Medical Officer of Health:

W. Duncan Dolton

Chief Public Health Inspector:

R. A. Naylor

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ANNUAL REPORT of the DIVISIONAL MEDICAL OFFICER OF HEALTH 1969

To the Chairman and Councillors :

This report is presented in three sections, only the last of which is exclusively devoted to your Sanitary Area — this has been contributed by the Chief Public Health Inspector. In this introduction I have outlined the major policy changes during the year within the five County districts comprising Local Authority Health Division 9 of the West Riding County Council.

Part I of the report is devoted to health and housing within the Division and deals, in some depth, with the agreed procedure with housing managers for the assessment of medical need of those requesting council houses. I am indebted to Dr. S. H. Brock, Deputy Medical Officer of Health, for undertaking the survey on which I comment.

The second part of the report covers the usual vital statistics referring to births, deaths and infectious diseases. As before, I make reference to the personal health services administered by the County, as I know it is your wish to get as full a picture as possible of the health provisions in the area. Little reference is of course made to the hospital and family doctor services, where the stress is more upon cure of ill-health than its prevention.

During the year under review there have been few, but far reaching, policy changes within Division 9. As from the beginning of the year all children were offered a series of six developmental checks — three by a doctor and three by a health visitor — in the pre-school years. With this sound basis the routine examination by the school doctor has been discontinued, the doctor visiting the school to see children who are known to require medical aid. All infant pupils continue to be seen for hygiene inspections by the school nurse. At the same time that developmental checks were introduced, the sale of food-stuffs from the clinics was discontinued. Councillors will recall that this policy was not universally popular when introduced but it is gratifying to record that, in the Rural Districts of Wetherby and Tadcaster, welfare food sales have substantially increased during the year. At the time of writing I am undertaking a full evaluation of the consequences of this policy, which has been noted with interest at national level. I intend to describe, in some detail, in my next Annual Report the results of our research.

Another innovation was the preparation of a comprehensive and up-to-date 0—5 years old register of handicapped children. This has proved invaluable in allowing us to regularly re-assess the special educational needs of these children.

In this, my fourth Annual Report, it is a pleasure to pay tribute to all those who assist in preserving the health of our people and caring for those with permanent incapacity. Our links with hospitals and family doctors grow ever stronger as staff are shared, as required, to meet the needs of those we serve. The field workers, be they public health inspectors, nurses or social workers, have on many occasions gone far beyond the requirements of duty. Without the untiring support of an understanding and efficient office staff their work would be more difficult and less efficient. I thank both clerical and field staff for a year's hard work. I thank too the Health Committee for its interest, encouragement and support. The future is uncertain for all of us in local government health departments but whatever happens our first priority will be to bring services and support to those who need them.

W. Duncan Dolton,

Summer, 1970.

Medical Officer of Health.

PART I :

A SPECIAL SURVEY OF HEALTH AND HOUSING

During 1969 an effort was made to assess how well the housing needs of the medically handicapped were being met. It is not the function of a Medical Officer of Health to interfere in housing policy or suggest that everyone with a medical condition should have absolute priority of re-housing. We can, however, supply information upon which the Housing Committee must act as it sees fit.

During the year, the 164 applicants for priority re-housing on medical grounds were divided into 4 grades :

59 did not receive medical support and were graded 0.

76, where medical or medico-social factors applied, but where there was no great urgency for re-housing, for example, heart cases having to cope with steep stairs, hill etc., were graded I.

26 were considered to have some degree of medical urgency, for example, a "stroke" case having to cope with the outside toilet, unable to manage stairs, and confined to one downstairs room for living, sleeping, cooking, use of commode, etc. These consisted mainly of elderly and handicapped cases which could manage in a bungalow or ground floor accommodation without Warden supervision and were graded II.

Only 3 cases were considered to be of extreme medical or social urgency for appropriate housing. These were graded III.

District	Garforth U.D.			Rothwell U.D.			Stanley U.D.			Tadcaster R.D.			Wetherby R.D.			Divisional Total
Age of Applicant	20 - 39	40 - 64	65 +	20 - 39	40 - 64	65 +	20 - 39	40 - 64	65 +	20 - 39	40 - 64	65 +	20 - 39	40 - 64	65 +	All Ages
No. of applicants	2	2	5	6	12	22	12	8	9	21	11	14	3	11	26	164
No. supported	1	2	4	4	9	17	5	4	6	9	8	13	1	7	15	105
No. re-housed	-	1	1	2	4	9	4	1	3	4	5	8	1	3	3	50
% of supported offered re- housing	43 %			61 %			67 %			65 %			42 %			57 %
% of supported re-housed by Council	29 %			50 %			53 %			60 %			30 %			48 %

The table shows the number of applicants in the age groups 20 to 39, 40 to 64, and over 65 in five Districts. It will be seen that, in the Division as a whole, 57 per cent of those receiving support were offered re-housing, ranging from 42% in Wetherby Rural District to 67% in Stanley Urban District. There was a wider difference of the rate of re-housing when the three age groups are considered separately, 54% of those over 65 were re-housed in the Division; but while one Authority re-housed 73% of those over 65 with medical support, another only re-housed 25%. Of the middle aged, 57% of the supported were re-housed, the range being 67% to 43%. Perhaps rather unexpectedly in the under 40 age group, of the 18 medically supported cases no less than 12 (67%) have been re-housed. The majority of these were living in an industrial Urban area and most would have been re-housed on the grounds of poor housing.

It is interesting to note the various sources from which the applications for medical support came. 40% were directly from the public, 25% from Health Visitors, 16% from Housing Managers, 10% from family doctors and 9% from hospitals and other social workers. While only 39% of direct applications were supported, 65% of those from Housing Managers were supported, 69% from the Health Visitors, 84% of those from family doctors, and all of those from Social Workers. If the applications are divided somewhat arbitrarily into two groups — those from the public and Housing Departments, and those from medical and social workers, the difference in the rate of support is dramatic, only 46% of the former group being supported and 85% of the latter.

You, as Councillors, will know that public demand does not always accurately reflect need. I would like to think that those who were supported for re-housing had a real need, and those who requested re-housing but were not medically supported did not have such a pressing need. When we consider by age group the applicants supported, of the elderly (46% of total applicants) 72% were supported — that is, were thought to have real need. Of the middle-aged (20% of the applicants) 68% were supported, and of the younger group (27% of the applicants) 45% were supported. Here again, there was a considerable difference in the number supported in the different Districts. This is an interesting observation as the cases were all assessed by one Medical Officer and one would have expected approximately equal proportions in each area. Plainly, in the one area where 90% of the elderly received medical support, wants and needs are more nearly the same than in other areas. Two out of three of the middle-aged received medical support, mainly due to early incapacity due to heart, lung, and arthritic

conditions. Of the younger group rather less than half received medical support for their application.

This Survey, undertaken by your Deputy Medical Officer of Health, Dr. Brock, with the full co-operation of the Housing Managers, has been invaluable in giving us some facts on health and housing for the first time. More than this, it demonstrates that individuals' assessment of need differ, and the wants of a community may have little relationship to its needs. One could, perhaps, consider that the offer of re-housing, during the year to 57% of the applicants with medical support is a creditable performance, even though under half were re-housed. I would, however, ask you to reconsider our grading of urgency. Even the mildest cases will be those with, for example, heart trouble having to cope with steep stairs or a hill. As a physician I must ask that further consideration be given to the priority re-housing of those with medical needs.

TABLE 1
PRINCIPAL VITAL STATISTICS FOR THE YEAR 1969

	Garforth Urban District	Rothwell Urban District	Stanley Urban District	Tadcaster Rural District	Wetherby Rural District	Divisional Totals
Population (Mid-year 1969)	21,620	27,610	19,720	33,570	31,260	133,780
Live Births:						
Total	567	453	396	568	481	2,465
Legitimate	554	434	375	540	463	2,366
Illegitimate	13 (2.3%)	19 (4.2%)	21 (5.3%)	28 (5%)	18 (3.7%)	99 (4.1%)
Stillbirths	12	9	4	9	6	40
Deaths of Infants:						
Legitimate	5	5	6	11	5	32
Illegitimate	—	—	—	—	1	1
Under one week	2	1	4	6	2	15
Under four weeks	3	2	5	6	3	19
Total — under one year	5	5	6	11	6	33
Deaths (All causes)	187	392	217	311	269	1,376

CRUDE AND ADJUSTED RATES

Live Births	26.2	16.4	20.1	16.9	15.4	18.4
Live Births (Adjusted)	23.1	16.7	19.9	16.9	17.2	—
Illegitimate Births per 1000 live births	22.9	41.9	53.00	50.00	37.4	40.6
Deaths (All causes)	8.6	14.2	11.00	9.30	8.6	10.3
Deaths (Adjusted)	12.7	11.4	13.00	10.70	11.3	—
Maternal Mortality	—	—	—	—	2.05	0.40
Stillbirths	20.7	19.5	10.0	15.6	12.3	16.0
Perinatal Mortality	24.2	21.6	20.0	26.0	16.4	22.0
Neo-natal Mortality	5.3	4.4	12.6	10.6	6.2	7.7
Early Neo-Natal Mortality (under 1 week)	3.5	2.2	10.1	10.5	4.1	6.1
Infant Mortality:						
All infants per 1000 live births	8.8	11.0	15.2	19.4	12.5	13.4
Legitimate infants per 1000 legitimate live births	9.0	11.5	16.0	20.3	10.8	13.5
Illegitimate infants per 1000 illegitimate live births	—	—	—	—	55.5	10.1
Tuberculosis — respiratory	0.05	—	—	0.03	—	0.01
Tuberculosis — other	0.05	—	—	—	—	0.01
Tuberculosis all forms	0.09	—	—	0.03	—	0.02
Cancer (all forms)	1.43	2.32	2.08	1.88	1.57	1.85
Vascular lesions of the nervous system	1.62	2.64	1.37	1.13	1.09	1.55
Heart and Circulatory Disease	3.42	4.93	3.96	3.22	3.61	3.80
Respiratory	0.74	2.28	1.37	1.37	0.86	1.34
Comparability Factors:						
Births	0.88	1.02	0.99	1.00	1.12	—
Deaths	1.48	0.80	1.18	1.15	1.31	—

All the maternal mortality stillbirth and peri-natal mortality rates are per 1000 live and stillbirths.

PART II :

LOCAL HEALTH AUTHORITY

Divisional Vital Statistics

The birth rate for the Division as a whole was 18.4 births per thousand inhabitants, a slight increase from the year before when the rate was 18.1. The national birth rate has fallen steadily in recent years, being 16.9 in 1968 and 16.3 in the year under review. Naturally both the national and divisional figures cover wide local variations; as in the previous year Wetherby R.D.C. had the lowest rate (15.4) and Garforth U.D.C. the highest (26.2). When these figures are adjusted for the age distribution of the population the differences between the five Districts are less dramatic (Table 1).

The national death rate of 11.9 is unchanged from the previous year, as one would expect in a stable civilised society like our own. The death rate for the Division was 10.3 (10.4 in 1968). The highest crude rate was again in Rothwell U.D.C. in which is situated St. George's Hospital which is the last home for many elderly folk. When the death rate is adjusted for the age of the population there is little significant variation.

TABLE 2
RECORD OF DEATHS IN AGE GROUPS 1969

	GARFORTH URBAN DISTRICT			ROTHWELL URBAN DISTRICT			STANLEY URBAN DISTRICT			TADCASTER RURAL DISTRICT			WETHERBY RURAL DISTRICT		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Under 1 year ..	3	2	5	3	2	5	2	4	6	7	4	11	5	1	6
1—4 years ..	1	1	2	1	2	3	-	1	1	-	1	1	1	-	1
5—14 years ..	1	1	2	-	2	2	-	-	-	2	-	2	1	-	1
15—24 years ..	1	1	2	3	1	4	2	-	2	4	1	5	3	1	4
25—34 years ..	1	3	4	1	1	2	5	-	5	3	-	3	1	1	2
35—44 years ..	-	2	2	8	4	12	2	1	3	3	3	6	4	4	8
45—54 years ..	4	2	6	8	4	12	5	2	7	17	8	25	13	6	19
55—64 years ..	24	16	40	35	14	49	30	22	52	35	13	48	33	14	47
65—74 years ..	24	22	46	76	41	117	37	23	60	49	30	79	43	29	72
75 and over ..	31	47	78	70	116	186	33	48	81	58	73	131	42	67	109
	90	97	187	205	187	392	116	101	217	178	133	311	146	123	269

The ages at death are shown in Table 2. It is encouraging to see how safe are the years between one's 1st and 40th birthdays, and even the high number of deaths at 75 and over is of course a reflection on the number of people who survive into old age.

The causes of death are recorded in Table 3. As has been the pattern in recent years, by far the greatest number of deaths have been due to diseases of the heart or circulatory system (34% of all deaths). The second commonest cause of death has been from cancer (18%). There was a reduction in the number of deaths due to the disease of the respiratory tract from the previous year. While there were slightly more deaths certified as due to bronchitis there was a considerable reduction in deaths from pneumonia.

Of the deaths from cancer, those of the stomach and lung were most common. It is a little disturbing to have to record 13 deaths in males from carcinoma of the stomach in the Rothwell Urban District, an increase of 8 from the previous year. Cancer of the lung continues to be a largely preventable, self-induced cause of death. I am pleased to record that there has not been the usual yearly increase in deaths from this cause. It would be pleasing if the present annual increase in deaths from lung cancer were to cease, as is theoretically possible. The statistics show clearly that at the moment a smoker gives up the habit his statistical chances of dying from lung cancer are reduced. Already over two thirds of the medical profession are non-smokers. It would seem not unreasonable to hope that when a profession, as notoriously conservative as my own, can change its habits, the general public can do the same.

There were, as in 1968, 23 deaths from cancer of the breast and 7 from cancer of the womb. Cervical Cytology and self examination of the breast — which can be taught at the same time that the cervical smear is taken — remain the best available ways for the early detection of these cancers. There is hope that in the years to come we will have a reliable blood test to disclose the biochemical abnormalities found in cancer patients, but this time is not yet.

It is most unusual to have to record malaria as a cause of death, but a woman, who had lived in the tropics, died of this cause in the Garforth Urban District during the year. The parasites of malaria can live indefinitely in the human, though it is rare after a few years for them to do so. With an increasing number of children flying out to visit their parents working in tropical areas, malaria has become a real risk to individual school children as well as immigrants. There is, fortunately, no possibility of transmission in this country, except by blood transfusion.

TABLE 3
CAUSES OF DEATH, 1969

	GARFORTH URBAN DISTRICT		ROTHWELL URBAN DISTRICT		STANLEY URBAN DISTRICT		TADCASTER RURAL DISTRICT		WETHERBY RURAL DISTRICT	
	M	F	M	F	M	F	M	F	M	F
Enteritis and other diarrhoeal diseases ..	—	—	—	—	—	—	2	—	—	—
Tuberculosis of respiratory system ..	1	—	—	—	—	—	1	—	—	—
Other Tuberculosis, incl. late effects ..	1	—	—	—	—	—	—	—	—	—
Malaria ..	—	1	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ..	—	1	—	—	—	1	—	—	—	1
Malignant Neoplasm:										
Buccal cavity, etc. ..	—	—	1	—	—	1	—	—	2	—
Oesophagus ..	—	—	—	—	—	—	1	—	—	—
Stomach ..	1	2	13	2	2	4	3	4	4	1
Intestine ..	2	—	2	6	4	2	3	7	2	1
Larynx ..	—	—	2	—	—	—	1	1	1	—
Lung, bronchus ..	4	2	16	—	7	1	14	1	13	5
Breast ..	—	3	—	7	—	6	—	3	—	4
Uterus ..	—	1	—	1	—	—	—	2	—	3
Prostate ..	1	—	—	—	1	—	2	—	2	—
Leukaemia ..	1	1	1	1	1	—	2	—	1	1
Other malignant neoplasms, etc. ..	9	4	6	6	5	7	9	10	8	6
Benign and unspecified neoplasms ..	—	1	2	—	2	—	—	—	1	—
Diabetes mellitus ..	—	2	—	2	1	4	—	1	1	2
Other endocrine etc., diseases ..	—	1	—	—	—	1	—	2	—	—
Anaemias ..	1	—	—	—	—	1	2	—	—	—
Mental disorders ..	—	—	1	3	—	—	—	—	1	—
Other diseases of nervous system, etc. ..	—	—	2	4	—	—	1	1	8	—
Chronic rheumatic heart disease ..	1	1	1	4	3	2	1	2	—	1
Hypertensive disease ..	1	2	5	2	1	1	5	3	8	3
Ischaemic heart disease ..	27	30	50	44	33	21	50	28	53	28
Other forms of heart disease ..	3	3	11	11	6	7	1	7	9	5
Cerebrovascular disease ..	13	22	28	45	8	19	20	18	9	25
Other diseases of circulatory system ..	3	3	3	5	2	2	6	5	4	7
Influenza ..	—	—	—	—	—	1	3	2	—	—
Pneumonia ..	1	3	13	16	1	4	8	12	8	10
Bronchitis and emphysema ..	8	2	23	9	15	3	16	2	7	1
Asthma ..	1	—	—	—	1	—	1	—	—	—
Other diseases of respiratory system ..	—	1	2	—	—	2	2	—	—	1
Peptic ulcer ..	1	1	3	1	4	1	2	1	1	2
Appendicitis ..	—	1	—	—	—	—	—	—	1	—
Carried forward ..	80	88	185	169	97	91	156	112	129	107

TABLE 3—continued

CAUSES OF DEATH, 1968	GARFORTH URBAN DISTRICT		ROTHWELL URBAN DISTRICT		STANLEY URBAN DISTRICT		TADCASTER RURAL DISTRICT		WETHERBY RURAL DISTRICT	
	M	F	M	F	M	F	M	F	M	F
Brought forward ..	80	88	185	169	97	91	156	112	129	107
Intestinal obstruction and hernia ..	—	—	2	—	—	—	—	—	—	3
Cirrhosis of the liver ..	—	—	—	1	—	2	—	—	—	—
Other diseases of the digestive system ..	2	1	3	2	1	—	—	1	—	—
Nephritis and Nephrosis ..	—	3	—	1	—	—	1	2	1	—
Hyperplasia of prostate..	—	—	1	—	1	—	—	—	1	—
Other diseases, genito- urinary system ..	—	—	—	2	—	3	2	1	—	1
Diseases of skin, sub- cutaneous tissue ..	—	—	—	—	—	—	1	—	—	—
Diseases of musculo- skeletal system ..	1	1	—	1	1	—	—	—	—	—
Other complications of pregnancy, etc. ..	—	—	—	—	—	—	—	—	—	1
Congenital anomalies ..	1	1	1	—	—	—	1	1	—	3
Birth injury, difficult labour, etc. ..	1	—	1	—	1	2	2	2	1	—
Other causes of perinatal mortality ..	1	—	1	—	—	1	1	—	1	—
Symptoms and ill- defined conditions ..	—	—	—	2	1	—	3	8	1	—
Motor vehicle accidents ..	1	—	2	2	4	1	7	2	4	—
All other accidents ..	2	2	5	5	7	—	3	3	3	5
Suicide and self- inflicted injuries ..	1	1	3	1	3	1	—	1	5	3
All other external causes..	—	—	1	1	—	—	1	—	—	—
TOTALS ..	90	97	205	187	116	101	178	133	146	123

It is always sad to record preventable deaths. During 1969 23 persons died from motor accidents, one less than the previous year, and at least 19 persons took their own lives. In 1968 I drew special attention in my report to the plight of the 8 people who died by their own hands during the year. It is most disturbing to have to record more than twice as many suicides in the year under review, 8 of these occurring in the Wetherby Rural District. Again I would appeal to the public to let this department know if someone is seriously threatening to commit suicide — it is not true that those who threaten suicide never take their own lives.

TABLE 4
INFANT MORTALITY IN 1969
Deaths from stated causes under one year of age

Cause of Death		Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
1.	Prematurity ..	6	-	1	-	7	-	-	-	-	7
2.	Congenital Abnormalities										
	(a) C.N.S. ..	1	-	-	-	1	-	-	1	-	2
	(b) C.V.S. ..	1	-	-	-	-	2	-	-	1	3
	(c) Other ..	1	-	-	-	1	2	-	-	-	3
3.	Infection										
	(a) Respiratory	3	-	-	3	6	2	1	-	2	11
	(b) Alimentary	-	-	-	-	-	-	2	-	-	2
	(c) Other ..	-	-	-	-	-	-	-	-	-	-
4.	Haemorrhage ..	2	-	-	-	2	-	-	-	-	2
5.	Asphyxia										
	(a) Neonatorum ..	1	-	-	-	1	-	-	-	-	1
	(b) Inhalation of vomit	1	-	-	-	1	-	-	1	-	2
		15	-	1	3	19	6	3	2	3	33

Table 4 gives the causes of death of the 33 children who died in first year of life — 13.4 per 1,000 live births, as compared with 17.4 in the previous year. With this small number we can expect annual variations in the rate, but the rate of 8.8 for Garforth, where only 5 babies died during the year, must be considered especially good. The Tadcaster rate of 19.4 was due to 11 deaths, the same number as in the previous year. It should not be forgotten that only a hundred years ago at least one in every 10 babies failed to survive to their first birthday. In the first month of life Prematurity accounted for 7 of the deaths and trouble with respiratory system 8 other deaths. Two further early deaths were due to congenital abnormalities. There were a further 6 deaths due to congenital abnormalities in the first year of life. These 8 deaths could reasonably be considered unpreventable in our present state of knowledge.

TABLE 5
INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1969

	DISEASE	Total all ages 1967	Total all ages 1968	Total all ages 1969	Under 1 year	1—4 years	5—14 years	15—45 years	46—64 years	Over 65 years	Age unknown
GARFORTH U.D.	Measles ..	102	54	4	—	3	1	—	—	—	—
	Scarlet Fever ..	32	10	11	—	3	7	1	—	—	—
	Meningococcal Infection ..	1	—	—	—	—	—	—	—	—	—
	Food Poisoning ..	1	3	3	—	1	1	1	—	—	—
	Whooping Cough ..	18	13	4	—	2	2	—	—	—	—
	Infective Hepatitis	—	—	1	—	—	1	—	—	—	—
ROTHWELL U.D.	Measles ..	202	141	18	3	9	6	—	—	—	—
	Dysentery ..	9	107	13	1	5	2	3	1	—	1
	Scarlet Fever ..	54	24	34	2	13	15	2	2	—	—
	Meningococcal Infection ..	—	3	—	—	—	—	—	—	—	—
	Food Poisoning ..	1	3	3	—	1	—	2	—	—	—
	Whooping Cough ..	101	32	16	—	12	3	1	—	—	—
	Infective Hepatitis	—	9	26	—	2	13	8	1	2	—
STANLEY U.D.	Measles ..	114	99	11	1	5	5	—	—	—	—
	Dysentery ..	—	8	1	1	—	—	—	—	—	—
	Scarlet Fever ..	13	12	18	—	7	10	1	—	—	—
	Meningococcal Infection ..	—	1	—	—	—	—	—	—	—	—
	Whooping Cough ..	24	1	6	—	3	2	1	—	—	—
	Infective Hepatitis	—	5	11	—	2	7	1	1	—	—
TADCASTER R.D.	Measles ..	447	129	5	3	2	—	—	—	—	—
	Dysentery ..	4	3	9	—	3	4	2	—	—	—
	Scarlet Fever ..	27	7	42	—	10	18	13	1	—	—
	Whooping Cough ..	51	7	2	—	—	2	—	—	—	—
	Infective Hepatitis	—	15	29	—	1	18	9	1	—	—
WETHERBY R.D.	Measles ..	420	395	33	—	23	10	—	—	—	—
	Dysentery ..	9	24	5	—	1	1	3	—	—	—
	Scarlet Fever ..	17	16	45	—	4	40	1	—	—	—
	Infective Hepatitis	—	1	4	—	—	—	2	—	2	—

Infectious Diseases

It will be seen from Table 3, which records the causes of all deaths, that there were again very few deaths from infectious diseases. The notifications of infectious diseases are shown in Table 5. The most dramatic figure must be the low number of Measles cases in what should have been an epidemic year — classically Measles occurs every second Winter. There can be little doubt that these favourable figures are due to the introduction of immunisation against Measles. This opinion is re-inforced by the high incidence of Measles as I write this Report. Councillors will recall that measles immunisation was halted in mid-1969 until Spring 1970 due to shortage of vaccine. I have no doubt that when the child population is immunised against Measles, this disease may well become as rare as Polio-myelitis and Diphtheria.

The very patchy distribution of notification of infective hepatitis is worthy of comment. I suspect that the high numbers of cases in the Rothwell Urban District and Tadcaster Rural District do truly reflect the fact that the disease is more common in these areas than in the other Districts. However, there must be some element of under-notification in the rest of the Division.

During the year, 81 males and 28 females from the Rural Districts attended the special Venereal Diseases Clinic, and 97 males and 63 females from the Urban Districts. There can now be no question that sexual intercourse is no longer generally confined to marriage in our society. There is, of course, no reason why this should necessarily result in either disease or the production of illegitimate children. While all would not agree that a moral question is involved, it must plainly be the duty of health educators to teach that it is irresponsible and selfish to bring an unwanted human being into the world whether the sexual partners are in possession of a marriage licence or not.

Tuberculosis, although far less common than previously, still occurs and can be a danger to the public health. During the year legislation was enforced for the first time to ensure that Child Minders and Play Group Supervisors were free from tuberculosis and other infectious diseases. It is interesting to record that no case of tuberculosis has been found in this group of women, although one child was transferred to a Play Group within the Division from a Play Group which was subsequently found to have had a helper with pulmonary tuberculosis.

TABLE 6
TUBERCULOSIS — NEW CASES NOTIFIED DURING 1969

AGE			Garforth U.D.				Rothwell U.D.				Stanley U.D.				Tadcaster R.D.				Wetherby R.D.			
			Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
5 - 9 years	..	..	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 „	..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15 - 19 „	..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
20 - 24 „	..	..	-	-	-	-	1	-	-	-	-	1	-	-	-	-	-	1	-	-	-	-
25 - 34 „	..	..	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
35 - 44 „	..	..	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
45 - 54 „	..	..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
55 - 64 „	..	..	-	-	-	-	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
65 and over	..	..	-	-	-	-	-	-	-	1	1	-	-	-	2	1	-	-	-	-	-	-
TOTALS	..	..	1	2	2	-	6	-	1	1	1	2	-	-	2	1	-	-	2	1	-	-

Table 6 records that there were 18 new cases of pulmonary tuberculosis during the year compared with 16 in 1968 and 19 in 1967. Table 7 shows the cases on the Register, by District. There has been an increase of 6 males and 3 females with pulmonary tuberculosis and 3 males and 1 female with non-pulmonary tuberculosis. Although these increases are small, they are a forceful reminder that this disease is not yet conquered. There is, however, a tendency to enter cases in the Register and not to remove them after cure, so it is not unreasonable to assume that these figures may include not a few persons who are now perfectly fit and well.

TABLE 7

DISTRICT	PULMONARY		NON-PULMONARY	
	Males	Females	Males	Females
Garforth Urban	19	20	3	4
Rothwell Urban	56	28	13	3
Stanley Urban	4	11	2	1
Tadcaster Rural	31	19	4	5
Wetherby Rural	15	16	5	5
	125	94	27	18

Personal Health Services

Care of Mothers and Young Children — Again I have to record considerable differences between the percentages of home confinements in the five Districts, only 13.6% of Wetherby mothers having had their babies in their own homes and 34% of mothers in the Stanley District. However, in my Report for 1967 I had to state that 51.2% of Stanley mothers were confined in their own homes. There has, therefore, been a dramatic increase in the number of mothers confined in Hospital. The day is not far away for final abandonment of Domiciliary and Hospital midwives under separate administration. Intranatal care is best given in Hospital with, perhaps, discharge after 6 to 12 hours in the case of normal deliveries, while routine ante-natal and post-natal care is best given from the family doctor's surgery.

TABLE 8

DISTRICT	Domiciliary Deliveries		Hospital Deliveries		Percentage of Domiciliary Deliveries	
	1968	1969	1968	1969	1968	1969
Garforth Urban	217	160	324	419	40.1	20.8
Rothwell Urban	96	111	328	351	22.6	24.0
Stanley Urban	153	136	192	264	44.3	34.0
Tadcaster Rural	160	120	458	457	26.0	20.8
Wetherby Rural	68	66	350	421	16.3	13.6
	694	593	1652	1912	29.6	23.6

Health Visitors visited 9,340 children under the age of 5 during the year — a slight reduction on the previous year. However, as recorded in my introduction, the year was notable for the introduction of developmental screening of all children in this age group. Thus the number of home visits does not give a fair picture of the skilled advice and assessment given to these children. In certain areas of the Division, more than 9 out of 10 children are now seen regularly. Nationally, about two out of three children attend Child Welfare Centres.

The Divisional Nursing Officer has been particularly concerned during the year with the registration of premises and persons for Child Minding. At the close of the year there were 40 persons registered to mind 207 children, an increase of 34 persons on the previous year. There were 13 registered premises for the reception of 345 children. It is a familiar story that having supervised the inception of this service for children, it will be transferred on 1st April, 1971, from the Health Department to the Social Services Department.

While a register of handicapped children has been kept for many years, an energetic attempt was made during the year to bring this up to date and have a record of all pre-school children with significant handicaps. A complete register is, of course, only possible if all children, whether they are normally Clinic attenders or not, are examined. The purpose of the register is, of course, to identify children with special educational needs as early as possible. This can, therefore, be considered part of the School Health Service.

Care of the School Child — As mentioned above, the care of the school child should begin 5 years before he enters school, with regular medical examinations and immunisation to prevent serious infection. With this solid foundation, routine examinations of school children are no longer performed. The 4,058 pupils receiving full medical examination (3,655 in 1968) were selected on the advice of parent, teacher, school nurse, hospital or family doctor. These arrangements are preferred by the teachers as there is less dislocation of the teaching schedule and changes the annual visit to more frequent visits as often as required.

School nurses undertook 37,322 examinations during which 120 children were found to be infested (there were 145 in 1968, 259 in 1967). Visual defects were found in 1,080 children, of whom 536 had spectacles prescribed. The hearing of 1,259 children was tested and 48 were referred for further special tests. 42 were known to be in school with hearing aids, 30 of these being at Bridge House School for the Deaf.

There was, unfortunately, a change of Psychiatrist at the Child Guidance Clinics during the year. For some months the post was unfilled and children were, therefore, diverted elsewhere resulting in only 90 being seen, a decrease of 83 on the previous year.

Care of the Mentally Sub-normal and Mentally Ill — We have been fortunate in retaining the experienced services of our four Mental Welfare Officers during the year. Unfortunately one of the two Senior Mental Welfare Officers left to work elsewhere. Continuity of service and the acceptability of a well-known face are most important in this field of work in which a considerable amount of time is spent with the mentally ill. I have mentioned above the 19 persons who committed suicide during the year; while all might not have been mentally ill, they were at the very least depressed and would have benefited from expert advice and friendly guidance.

While the mentally ill today have excellent prospects of full recovery, this cannot be said of the mentally sub-normal. Formerly, society gave these folk "asylum" but modern fashion

decrees that they shall be returned to the community, sometimes irrespective of the wishes of themselves or their next of kin. The year has been disturbing for all of us who seek to care for the mentally sub-normal. Hospital Consultants have been told to de-crowd the Mental Hospitals. The Local Health Authority has, for the last 10 years (since the Mental Health Act, 1959) pursued a policy of providing Training Centres rather than Hostels for the mentally sub-normal. There are, therefore, very few Hostel places for mentally sub-normal in-patients who might well cope in the sheltered environment of a Hostel and supervised work. While this is regrettable, little can be done at short notice to remedy these defects. The unfortunate result of public pressure to empty long-stay Mental Hospitals may be that the care of these folk in the short term deteriorates rather than improves. Plainly a high priority for the immediate future must be the provision of Hostels for the mentally sub-normal.

Care of the Aged — Both Home Helps and Home Nurses give of their skills as required, irrespective of age. Almost inevitably, however, a great proportion of their time is spent in caring for the aged. Of the 70,377 (67,331 in 1968) Home Nurse visits 40,867 (40,321 in 1968) were paid to the aged. During the years I have been your Medical Officer there has been a steady rise in Home Nurse visits and visits to the elderly. Total home visits could be expected to increase as the proportion of old folk in the population increase but it is some measure of the increasing work of the Home Nurse that her total visits have increased although ambulant patients are now increasingly treated in Clinic or Surgery. Plainly it is better for the patient requiring routine injections or dressings to come to the Nurse, rather than the Nurse to make a home visit. In this way a considerable reduction of nurse travelling time is now being achieved.

There was an increase of 16 Home Helps working in the Division during the year. The 279 Home Helps between them worked 157,705 hours (157,067 in 1968). Two "care" services are Chiropody and pads for the incontinent. Both are widely used and much appreciated. It is sad, therefore, to have to record that certain folk are being denied these services because of administrative rulings.

The Local Health Authority feels unable to employ Chiropodists unless they are registered. There are a number of qualified Chiropodists known to my Department who are not eligible for registration and who are thus not able to provide a service, however much needed it may be. Again, the Local Health Authority has ruled that incontinence pads are not to be provided for folk other than in their own homes. This, of course, means that many old folk in private Nursing Homes are deprived of a service to which they are entitled.

Prevention of Disease

Health Education — Public Health Inspectors, Health Visitors and Midwives have, throughout the year, sought to teach the public how to preserve their own health. Expectant mothers have received regular instruction on the care of babies and the emotional implications of motherhood as well as the more traditional preparation for actual childbirth. There has been an increasing number of Young Wives' Clubs run or attended by Health Visitors. While a number of the subjects may be about dress design or cosmetics, always included in the programme are health subjects such as family planning, nutrition, and immunisation.

The Health Visitor's contribution to rehabilitation of boys and girls in a local Borstal and Approved School have been much appreciated by the Staff. It is difficult to tell whether our advice makes any difference to these youngsters. I continue to be very concerned that these disturbed girls not infrequently become pregnant during their inevitable absences from Approved School. It is questionable whether it is therapeutically justified to the girl to allow this to happen. It is unquestionable that it is not in the interests of her unborn child. While I do not think it possible to greatly affect sexual behaviour in the young, there can be no excuse for medical, social and educational authorities allowing the rates for Venereal Disease and Illegitimacy to continue to rise as they are at present. The remedies are to hand and should be used.

Most school children in the Division receive instruction in basic hygiene, including menstruation when appropriate, accidents in the home, smoking, drugs and human relationships.

Much of the work of the Public Health Inspectorate in Food Inspection, Factories and with individuals, is health education. It is regrettable that, as I write, the extension of smoke controlled areas which we have all been advocating has been halted by lack of suitable fuel. It is not easy, under these circumstances for the health educator to maintain his enthusiasm and make an effective impact on the public.

Vaccination and Immunisation — During the year immunisation against Measles was accepted as public policy for the first time. Unfortunately, one of the two vaccines issued was found to give an unexpectedly high rate of adverse reaction and was withdrawn. The remaining manufacturer was unable to meet the demand and so immunisation came to a complete standstill at the end of the year. The results even of this partial immunisation, speak for themselves, there being a handful of cases during what would have been normally an epidemic year.

TABLE 9
VACCINATION AND IMMUNISATION AT CLINICS

Primary Immunisation Course	Children born in Year:—					Total
	1969	1968	1967	1966	Pre-1966	
Poliomyelitis	47	1151	36	21	93	1348
Diphtheria	47	1144	28	21	57	1297
Pertussis	47	1138	28	17	9	1239
Tetanus	47	1143	28	21	128	1367

TABLE 10

Re-inforcing Doses	Children born in Year:—					Total
	1969	1968	1967	1966	Pre-1966	
Poliomyelitis	—	185	413	37	2099	2734
Diphtheria	—	181	406	46	1948	2581
Pertussis	—	181	357	26	139	703
Tetanus	—	181	406	50	2095	2732

TABLE 11
SMALLPOX VACCINATION AT CLINICS

Age at date of vaccination	Number of persons vaccinated (or re-vaccinated during year)	
	Number Vaccinated	Number Re-vaccinated
0—3 months	2	—
3—6 „	1	—
6—9 „	3	—
9—12 „	4	—
1 year	60	—
2—4 years	97	—
5—14 „	7	15
TOTAL	174	15

Immunisation against poliomyelitis, tetanus, diphtheria and Whooping Cough continued. However, the number of children born in the year under review who were immunised by the Public Health Department decreased, but immunisations of those born in the previous year increased. The total number of children receiving primary immunisation at Clinics can be seen from Table 9, the figures being very similar to the previous year.

Again there was a reduction of re-inforcing doses to children born in the previous year (Table 10). More importantly there has been a slight fall in the number of pre-school boosters given, 500 less children receiving re-inforcement against polio, diphtheria and tetanus by departmental staff. Family doctors are, of course, increasingly undertaking the immunisation of children.

The number of primary vaccinations against Smallpox fell to 174 from 755 in the previous year (Table 11). Family doctors will re-vaccinate considerably greater numbers of persons than the Public Health Department which only undertook 42 re-vaccinations during the year.

There is increasing scepticism about the present arrangements for the prevention of Smallpox in this Country as all the recent importations have been in people with valid International Certificates attesting to smallpox vaccination. Plainly, even if the idea of a certificate of vaccination is good, in practice it is not effective. With the speed of modern air transport we must re-think our approach to the control of the more serious diseases. Today, the passengers of an air liner may have dispersed throughout the country before the Medical Officer of Health at the airport of embarkation is aware of trouble. The health problems of the international air traffic, including holiday travel, require re-assessment.

Secondary school entrants were again offered B.C.G. which protects, at least partially, against Tuberculosis.

GARFORTH URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

PUBLIC HEALTH INSPECTOR AND

CLEANSING SUPERINTENDENT

FOR THE YEAR 1969

To the Chairman and Members of the Garforth Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my Annual Report on the work carried out by your Public Health Department.

HOUSING

There is no real problem in this area regarding slum clearance, as over the past years, practically all the houses which were classed as unfit for human habitation have been demolished and the tenants rehoused. The same can be said about statutory overcrowding which appears to be almost non-existent in this area.

As I mentioned in a previous Report, approximately one out of every six privately owned pre-war houses have been dealt with by slum clearance, and with the exception of one family, all occupants of unfit houses have been rehoused. During the past year a further 3 houses were represented as being unfit for human habitation bringing the total dealt with in post war years to 466; 133 at Allerton Bywater, 99 at Garforth and 234 at Kippax.

The total of Council owned dwellings remains the same as last year 2,022 (639 at Allerton Bywater, 711 at Garforth and 672 at Kippax). During 1969, however, a further 387 houses were completed by private firms for sale, but as by far the greater percentage of these houses were purchased by families from outside the urban district, the demand for rented accommodation continues. At present the housing lists show that there are 653 outstanding applications against a corresponding figure of 683 last year, comprising 170 at Allerton Bywater, 274

at Garforth and 209 at Kippax. As previously stated, however, a critical analysis of the applications reveals that the true genuine need for accommodation is considerably less than the figures imply.

One fact emerges from an examination of the housing lists, and that is, that a real genuine need still exists for additional housing provision for the elderly. There are now 324 outstanding applications for this type of accommodation compared with last year's figure of 287, comprising 58 at Allerton Bywater, 182 at Garforth and 84 at Kippax. It is to be hoped that the decision of the West Riding County Council to restrict grants for the provision of warden services will be altered, and thus assist this Council to continue with their policy of providing the best accommodation possible for the elderly people in the area.

The following tables give details of slum clearance progress since 1947 :—

Year	Allerton Bywater	Garforth	Kippax
1947	4	—	4
1948	25	1	8
1949	1	—	16
1950	9	—	11
1951	7	—	19
1952	1	—	11
1953	9	28	15
1954	19	—	12
1955	7	—	20
1956	6	10	32
1957	28	12	5
1958	7	7	12
1959	—	1	9
1960	1	4	—
1961	—	2	9
1962	—	1	7
1963	—	—	14
1964	2	13	5
1965	3	2	1
1966	4	15	14
1967	—	—	6
1968	—	2	2
1969	—	1	2
	<hr/> 133	<hr/> 99	<hr/> 234

	Allerton Bywater	Garforth	Kippax	Total
Number of houses represented	133	99	234	466
Number of families rehoused	133	99	233	465
Number of persons rehoused	430	294	750	1474
Number of undertakings accepted to repair or not to use for human habitation	4	9	11	24
Number of families still to rehouse	—	—	1	1
Number of new houses erected	421	427	491	1339
Percentage of houses built allocated to slum clearance	31.6%	23.2%	47.5%	34.7%

SANITARY ACCOMMODATION

Of the 8,200 houses in the district only 12 are not provided with satisfactory water closets. The only houses not on the water carriage system are in very isolated parts of the area, where the cost of providing a public sewer would far exceed the value of the property.

IMPROVEMENT OF HOUSES

Throughout the year under review the Council continued to encourage owners to improve properties with the aid of grants and loans.

61 applications for standard grants were approved and of these 60 were from owner occupiers and only one from a landlord of a tenanted house. In the same period 46 improvements to the full standard were completed, resulting in the provision of 42 baths, 43 wash hand basins, 45 internal W.C's, 6 food stores and 1 sink unit, and the amount of grant paid was £5,183. Once again, even though severe restrictions had to be placed on the lending of money for mortgages, no similar restriction was placed on loans to cover the cost of improvements not covered by grant, and as a result many owners were enabled to carry out worthwhile improvements at the same time as providing standard amenities.

Since the commencement of Standard Grants a total of 804 applications have been approved and of these 699 were from owner occupiers and 105 from owners of rented properties, and at the end of the year 686 had been satisfactorily completed.

During the year the Housing Act, 1969 was introduced, and it is anticipated that this legislation will have the effect of speeding up the rate of improvement of older type dwellings and of allowing far more ambitious improvement schemes to be carried out.

The following table gives details of sanitary improvements effected during the year :—

Interior of Houses

Floors repaired or renewed	21
Walls and ceilings re-plastered	32
Dampness abated	19
New glazed sinks provided	31
Windows enlarged or repaired	63
Doors repaired or renewed	9
Cooking ranges repaired or renewed	18
Water supplies improved	45
Baths provided	42
Hot water supplies provided	40
Wash Hand Basins installed	43
Internal W.C's provided	45
Food stores improved	6

Exterior of Houses

Roofs repaired	46
Eavesgutters repaired or renewed	31
Walls pointed	18
Walls rendered	1
Boundary walls repaired	8
Chimney pots renewed	5

Drainage

Drains cleared from obstruction	265
Defective drains relaid	63
Inspection chambers provided	46
Soil pipes repaired	9
Septic tanks provided	2

Sanitary Accommodation

W.C. pedestals renewed	23
W.C. cisterns renewed	9
Additional W.C's provided	18
Privies converted to W.C's	1
Dustbins renewed	582

SANITARY INSPECTION OF AREA

Infectious Diseases Prevention

Inspections	15
Further enquiries	17
Disinfections	7
Scabies visits	2
Miscellaneous visits	21

Milk and Dairies

Inspection of Dairies	36
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Food and Drugs Inspection

Meat Inspections	32
Bakehouses	40
Food Inspections	28
Ice Cream Inspections	76
Water Sampling	4
Fish shop Inspections	52

Housing

Houses inspected and recorded	93
General surveys	172
Public Health Act Inspections	314
Revisits	362
Council houses	52

Sanitary Matters

Inspection of Nuisances	161
Inspections of Verminous Premises	12
Inspection of new drains	172
Piggeries and Poultry establishments	58
Factories and Workshops	76
Smoke observations	20
Inspection re Refuse Collection and disposal	370
Inspections for Rat Infestations	637
Caravan Sites	40

WATER SUPPLY

All water in this area is supplied by Leeds Corporation, and, generally speaking, a satisfactory supply of wholesome water was maintained throughout the year in most parts of the area. In the East Garforth district, however, where very extensive housing development is taking place, complaints were received of inadequate pressure, and the attention of the water undertaking was drawn to this matter. Further difficulties were experienced by the de-zincification of certain types of water fittings.

The following specimen chemical and bacteriological reports are samples of the water supplied during the year :—

Chemical Analysis

Total Solids	...	...	220	pts. per million
Mineral Matter	...		190	„ „ „
Chlorine as Chlorides			31	„ „ „
Free Ammonia	...		0.09	„ „ „
Albuminoid Ammonia			0.06	„ „ „
Oxygen absorbed in 4 hrs. @ 80° F.	...		0.25	„ „ „
Nitrous Nitrogen	...		0.011	„ „ „
Nitric Nitrogen	...		3.7	„ „ „
Lead in Solution	...		Nil	
pH Value	...	...	9.1	
Colour — Hazen Units			Nil	
Turbidity — Silica Scale	...	...	Nil	

Bacteriological Examination

Total No. of Micro-organisms per ml. growing on Agar @ 22° C.			
3 days	...	...	5
Total No. of Micro-organisms per ml. growing on Agar @ 37° C.			
2 days	...	...	Nil
Presumptive B.Coli	...		Nil per 100 ml.
Cl. Welchi	...	...	Absent in 50 ml.

“ Judging on the above results I am of the opinion that this sample is highly satisfactory.”

Sewage Disposal

The work on the reconstruction of the sewerage system continued throughout the year, and at the time of writing this Report, reinstatement of the roads in Garforth and Allerton Bywater disturbed by the laying of new sewers is well under way. The next phase includes the alteration and extension of the Owlwood Sewage Works and tenders have been invited for this work and Ministry approval is awaited.

In order not to slow down their housing programme, one large building firm installed an Oxygest Sewage Disposal plant at their own expense, and this is now working very satisfactorily. In view of the progress made, it is to be hoped that no further delay will have to be made in the granting of planning permission for further projected extensive housing developments.

FACTORIES AND WORKSHOPS

Parts 1 and 8 of the Act are administered by the Council. The following tables give details of action taken.

FACTORIES ACT 1961

Inspection for purposes of provisions as to Health
(Including Inspections made by the Public Health Inspector)

	No. on Register	No. of Inspections	No. of Written Notices	No. of Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	20	22	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	31	23	3	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworker's premises	15	31	2	—
TOTAL	66	76	5	—

The above inspections revealed minor contraventions of the Act in 9 cases, and the attention of the owners was drawn to the fact. 2 cases of lack of intervening ventilated space to W.C's were referred to this department by the Factory Inspector.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

It is now certain that all the premises covered by the above Act have received one or more general inspections. No very

serious contraventions of the provisions of the Act were recorded but many minor matters were brought to the notice of the occupiers and in most cases quickly remedied.

The most common defect found was inadequate lighting but during the year much improvement was effected.

I would like to record my appreciation of the co-operation we have received from the West Riding Fire Prevention Officers who administer their provisions of the Act very efficiently but with sound common sense.

Only three accidents were reported and on investigation found to be of very minor character requiring no further action. The following tables are extracts from the Annual Report submitted to the Ministry of Labour :—

Class of premises	No. of Premises Registered during year	Total No. of Registered Premises at end of year	No. of General Inspections
Offices	3	30	14
Retail Shops	—	69	31
Wholesale Shops	—	5	3
Catering Establishments	—	14	8
Fuel Storage Depots	—	—	—
TOTALS	3	118	56

Class of Workplace	No. of persons
Offices	460
Retail Shops	221
Wholesale Departments, warehouses	35
Catering establishments open to public	90
Canteens	8
Fuel Storage Depots	—
TOTAL	814
Total Males	440
Total Females	374

FOOD INSPECTION

No slaughtering takes place in the Urban District, all meat being purchased from wholesalers in Leeds and Castleford. Frequent inspections have been made of meat and other foods at shops in the area. It is now common practice for shopkeepers to call for assistance and advice from this department when there is the slightest doubt as to the fitness of food.

From the table below it will be seen that a considerable amount of food was condemned during the year. Most of this food was rendered unfit because of breakdowns in refrigeration units in supermarkets in the area.

Beef	1098 lbs.
Mutton	624 lbs.
Pork	456 lbs.
Bacon	424 lbs.
Ham	60 lbs.
Sausage	156 lbs.
Roast Pork	8 lbs.
Roast Beef	8 lbs.
Polony	8 lbs.
Black Pudding	8 lbs.
Turkey	83 lbs.
Chicken	29 lbs.
Goose	10 lbs.
Fish Cakes	26 packets
Frozen Foods	4741 packets

BAKEHOUSES

The 6 bakehouses in the area once again were conducted on good, hygienic lines, and 40 inspections were made during the year without finding any cause for complaint.

ICE CREAM

There are no manufacturers of Ice Cream in the district but there are 77 shops registered with this department for the sale of Ice Cream, an increase of 1 on last year. The practice of manufacturers refusing to supply retailers until they have registered with the local authority continues, and has been most helpful in securing adequate supervision.

PRESERVED FOODS

Regular inspections have been made of the 29 premises registered for the preparation and sale of preserved foods. The most common cause for complaint was inadequate temperature control, and the attention of shopkeepers had to be drawn to this aspect of food storage on one or two occasions.

FOOD HYGIENE

There are 189 premises in the area subject to the Food Hygiene (General) Regulations 1960, an increase of 2 during the year. Frequent inspections are made and it is once again pleasing to report that, generally speaking, a very high standard of hygiene has been maintained. As in previous years, all plans of new shops and alterations of existing premises are submitted to this department for observations prior to approval.

Set out below is a list of food premises in the Urban District:

Fried Fish	16
Greengrocers	11
Butchers	20
Grocers	67
Sweets, etc.	21
Confectioners	16
Chemists	7
Canteens	8
Licensed Premises	23

Inspection carried out of the above premises show that in every case adequate provisions are made to comply with Regulation 16. 6 chemists and 2 sweet shops are exempt from Regulation 19 by virtue of the fact that no open food is sold, but all the other premises comply with the Regulations.

MILK AND DAIRIES REGULATIONS

All milk retailers in this area obtain their supplies from large dairy combines in Leeds and Castleford. As in previous years, milk is processed and bottled at the premises of Associated Dairies Ltd., in Leeds and is delivered daily to their refrigerated store in Garforth from where local retailers collect their supplies. Only two complaints were received during the past year regarding cleanliness of bottles, and it is becoming increasingly apparent that the large milk processing plant operators are very hygiene conscious and willing to co-operate in every way to ensure that a clean and wholesome product reaches the customer.

PREVENTION OF DAMAGE BY PESTS ACT

All work under the above Act is carried out on contract by a firm specialising in this class of work.

The table below gives details of the work carried out during the year.

Properties other than Sewers	Type of property	
	Non-agricultural	Agricultural
1. Number of properties in district	8572	31
2. (a) Total number of properties (including nearby premises) inspected following notification	221	16
(b) Number infested by (i) Rats	201	10
(ii) Mice	16	6
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	416	11
(b) Number infested by (i) Rats	112	8
(ii) Mice	14	2

Sewers

There were no sewers infested by rats during the year.

CLEAN AIR ACT, 1956

There is no real problem in this area from industrial smoke or grit and industrialists have readily co-operated with the Council when installing new, or altering existing, boiler plants.

No progress has been made in the institution of Clean Air Zones but it is to be hoped that in the near future the Council will see fit to take steps to control the pollution from domestic sources.

CARAVAN SITES

Frequent inspections were made of the only caravan site in the area. This site is licensed for 75 caravans and apart from a few changes has been fully occupied throughout the year. Due, no doubt, to the fact that the proprietor lives on the site and maintains strict supervision, any cause for complaint is quickly dealt with.

PETROLEUM STORAGE

The number of installations licensed to store Petroleum Spirit was reduced during the past year, from 27 to 26 with a total storage capacity of 102,750 gallons.

The West Riding County Fire Service once again inspected all the premises prior to the renewal of licenses and the attention of the owners was drawn to any infringements of the conditions of licence.

REFUSE COLLECTION AND DISPOSAL

Once again it is a pleasure to record that a very regular system of refuse collection was maintained throughout the year, and the willing and cheerful manner in which the workmen carried out their sometimes onerous duties has, I think, given satisfaction to the ratepayers of the area.

During the year a new Karrier Musketeer refuse collection vehicle was put into commission and has proved to be a very useful machine, particularly on the large estates of new houses, many of which, being fitted with central heating, produce a large volume of light refuse. The Council's policy of undertaking the removal of all manner of refuse and unwanted articles has, to a great extent, minimised the indiscriminate dumping of unsightly rubbish in the area. It is generally known now, throughout the district, that a request to this department for assistance in disposing of bulky articles of furniture, etc., will be speedily and sympathetically dealt with.

At the time of writing this Report the new depot for the Cleansing and Highways Departments is in the course of construction, and when completed, will provide heated garaging facilities in the centre of the district at Kippax.

Once again I must emphasise the importance of making provision for refuse disposal in future years and this problem has now become very urgent in view of the decision of Leeds Corporation not to proceed with the construction of the Refuse Disposal Works at Crossgates which your Council, had in principle, agreed to share. Due to the rapid expansion of housing development in the area, tipping sites have been used up more speedily than anticipated. Another consequence of the development is that sites which, in the past, could have been used for the tipping of refuse, are now unsuitable due to the proximity of proposed new housing estates.

As mentioned in last year's Report the introduction of British Standard Time with no change in the starting times for

the workmen proved a failure, consequently, with the co-operation of the men, a later starting time was introduced and will be continued as long as British Standard Time remains.

Salvage of saleable materials continued throughout the year and the following table gives details of the results:—

Salvage sold during the period 1st January — 31st December, 1969

	Tons	Cwts.	Qrs.	Lbs.	£	s.	d.
Waste Paper	44	19	1	0	311	10	9
Rags	10	9	3	6	131	2	6
Aluminium		9	3	16	66	15	7
Brass		1	3	27	27	19	8
Copper		2	1	26	37	2	11
Lead			3	9	3	18	10
Batteries		13	1	8	16	14	4
	56	17	2	8	595	4	7

In conclusion may I express my thanks for the help and encouragement received from the Chairman and Members of the Council and particularly the Chairman of the Public Health Committee. I must also record my appreciation of the co-operation I have received from Dr. Dolton and other officials of the Council and above all, once again emphasise that any success achieved during the year has been in the main due to the efforts of your additional Public Health Inspector, Mr. Cockerham.

I am, Mr. Chairman and Members,

Yours faithfully,

R. A. NAYLOR,
Public Health Inspector.

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